

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>9/1/04</u>		2 Serial/Patent # <u>10/762,107</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		<u>7/14/04</u>	\$ <u>130.00</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>130.00</u>
10 REASON:			8 TO BE REFUNDED BY:	
			<input type="checkbox"/> Treasury Check	
			<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>14--0085</u>	
<input type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
<input checked="" type="checkbox"/> No Fee Due (Explanation): <u>Plt. Granted</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>CHARLENA BEAUS</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>304-0261</u>		
OFFICE: <u>[Signature]</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>9/8/04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B